APPLY WITH SWIFT

Driver Application

Personal Information

Contact Information

Recruiter: [Select a Recruiter's Name ▼]

Full Name: [First Name] [Middle] [Last Name]

*Address 1: [   ]

Address 2: [   ]

*City: [   ]   *State: [Select a state ▼]   *Zip: [   ]

In case of emergency, notify: [   ]

In case of emergency, Phone: [   ]   Relationship: [   ]

Reference Name: [   ]

Reference Phone: [   ]   Relationship: [   ]

Reference Name: [   ]

Reference Phone: [   ]   Relationship: [   ]

*Day Phone: [   ]   Cell Phone: [   ]

Night Phone: [   ]

*Email: [   ]   *Best time to call: [   ]

*SSN: [   ]🔒   Date of Birth #: [Month... ▼] [Day... ▼] [Year... ▼]   Age: [Choose ▼]

CDL Information

Do you have a CDL? ○ Yes ○ No   Drivers License Number: [   ]

*Issue State: [Select a state ▼]   *Expiration Date: [Month... ▼] [Day... ▼] [Year... ▼]

Previous Number: [   ]   Previous Issue State: [Select a state ▼]

Previous Number: [   ]   Previous Issue State: [Select a state ▼]

Previous Number: [   ]   Previous Issue State: [Select a state ▼]

Previous Number: [   ]   Previous Issue State: [Select a state ▼]

*Check all that apply to your current CDL:

☐ Class A   ☐ Class B   ☐ Class C   ☐ Hazmat
☐ Tanker   ☐ Double   ☐ Triples

Can you perform the duties for the job? ○ Yes ○ No

Driver Information

Date Available: [Month...] [Day...] [Year...]

Experience Level:

[Need to go to school to get Class A CDL]

Check all that apply:

☐ I need training   ☐ I am a Driving School Graduate   ☐ I have a TWIC Card

School name: [_____]   When: [Month...] [Day...] [Year ...]

Education

What is the highest grade you've completed?   [_____]

Did you graduate from college?   ○ Yes ○ No

Experience and Preference

*Total OTR years: [None]

Trailer Type Experience and Preference

TRAILER TYPE	EXPERIENCE
Flatbed	☐
Van	☐
Tanker	☐
Reefer	☐
Hazmat	☐
Qualcom Operations	☐
Dropdeck	☐

Employment History

☐ I am currently employed.   Number of jobs in last 10 years [_____]

Have you ever applied for work and/or worked for this company before?   ○ Yes ○ No

Current Employer

*Employer name : [_____]

*Address [_____]   Phone [_____]

*City [_____]   *State [Select a state]   *Zip [_____]

*Start date [MM] [YYYY]   *End date [MM] [YYYY]

*Position held [_____]

Supervisor [_____]   ☐ You may contact this employer

*Reason left [_____]

Vehicle driven [_____]

Previous Employer#1

*Employer name : [_____]

*Address [_____]   Phone [_____]

*City [   ]   *State [Select a state ▼]   *Zip [   ]

*Start date [MM ▼] [YYYY ▼]   *End date [MM ▼] [YYYY ▼]

*Position held [   ]

Supervisor [   ]   ☐ You may contact this employer

Reason left [   ]

Vehicle driven [   ]

Previous Employer#2

Employer name : [   ]

Address [   ]   Phone [   ]

City [   ]   State [Select a state ▼]   Zip [   ]

Start date [MM ▼] [YYYY ▼]   End date [MM ▼] [YYYY ▼]

Position held [   ]

Supervisor [   ]   ☐ You may contact this employer

Reason left [   ]

Vehicle driven [   ]

Previous Employer#3

Employer name : [   ]

Address [   ]   Phone [   ]

City [   ]   State [Select a state ▼]   Zip [   ]

Start date [MM ▼] [YYYY ▼]   End date [MM ▼] [YYYY ▼]

Position held [   ]

Supervisor [   ]   ☐ You may contact this employer

Reason left [   ]

Vehicle driven [   ]

Additional Employment Information

[   ]

Driving History

Tickets

List All Violations, Including Non-Moving Violations, For Past 5 Years. If None, Write None

Example: State, Date, Location(state), Charge, Operating Commercial or Non-Commercial, Penalty

Example: State, Date, Location(state), Charge, Operating Commercial or Non-Commercial, Penalty

Example: State, Date, Location(state), Charge, Operating Commercial or Non-Commercial, Penalty

Example: State, Date, Location(state), Charge, Operating Commercial or Non-Commercial, Penalty

Example: State, Date, Location(state), Charge, Operating Commercial or Non-Commercial, Penalty

Accidents

List All Involvment With Truck And Car Including Property Damage For Past 5 Years. Including Preventable And Non-Preventable.

Example: Date, Type, Nature Of Accident, Indicate Preventable, Fatalities, Injuries, Amount Of Property Damage, Vehicle (Head On, Rear End, Upset, Ect.) Or Non-Preventable

Example: Date, Type, Nature Of Accident, Indicate Preventable, Fatalities, Injuries, Amount Of Property Damage, Vehicle (Head On, Rear End, Upset, Ect.) Or Non-Preventable

Example: Date, Type, Nature Of Accident, Indicate Preventable, Fatalities, Injuries, Amount Of Property Damage, Vehicle (Head On, Rear End, Upset, Ect.) Or Non-Preventable

Example: Date, Type, Nature Of Accident, Indicate Preventable, Fatalities, Injuries, Amount Of Property Damage, Vehicle (Head On, Rear End, Upset, Ect.) Or Non-Preventable

Example: Date, Type, Nature Of Accident, Indicate Preventable, Fatalities, Injuries, Amount Of Property Damage, Vehicle (Head On, Rear End, Upset, Ect.) Or Non-Preventable

Accidents in the Last 5 Years

Number of accidents involved

Number of preventable accidents

Number of roll-over accidents

Tickets in the Last 5 Years

Number of tickets received

Number of reckless tickets

Addition Driving History Information

Criminal Record

If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country?	○ Yes ○ No	
		If so, when...
Have you ever been convicted of a felony?	○ Yes ○ No	Month... ▾ Day... ▾ Year ... ▾
Have you ever been convicted, or are any charges pending; for driving while under the influence, possession, or selling of alcohol, a narcotic drug, amphetamines or derivatives thereof?	○ Yes ○ No	Month... ▾ Day... ▾ Year ... ▾
Have you ever used any illegal drug?	○ Yes ○ No	Month... ▾ Day... ▾ Year ... ▾
Have you ever been convicted of a criminal offense?	○ Yes ○ No	
Have you ever been denied a license, permit or privilege to operate a motor vehicle?	○ Yes ○ No	
Has any license, permit or privilege ever been suspended or revoked?	○ Yes ○ No	
Have you ever been refused any type of insurance or been denied bonding?	○ Yes ○ No	
Have you ever tested positive or refused a test for drugs or alcohol?	○ Yes ○ No	
Have you ever abandoned your equipment?	○ Yes ○ No	
Have you ever been stopped while intoxicated?	○ Yes ○ No	
Are you on probation or parole?	○ Yes ○ No	
Criminal actions pending in which you are a defendant?	○ Yes ○ No	

** If you answered yes to any of the above, please explain in the comments box below.

Comments

This certifies that this application was completed by me, and that all entries on it and information on it are true and complete to the best of my knowledge. I hereby request and authorize Swift Transportation agents or contractors that receive this application to cause to be conducted, at any time, an investigation of my background for employment purposes, which may include, but is not limited to, any information to my character, general reputation, personal characteristics, mode of living, criminal history, past work experience, educational background, alcohol or drug test results, or failure to submit to an alcohol or dru or any other information about me which may reflect upon my potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any s items of information. I have completed this application of my own free will and hold harmless of all liability all companies, agents and associated parties for the use of this application. As part of our considerat your application, the DOT requires companies to investigate your employment background. As part of this investigation, they may obtain consumer reports about you from various consumer reporting agencie including USIS(DAC) and PSP Reports. Any decision they make not to hire you based on information contained in your consumer report will be their decision alone. DAC does not make any decisions concer your employment with these companies and will not know the specific reasons why they may decide not to hire you. In the event you are not hired based on information contained in your consumer report, the companies themselves will tell you. We will also advise you of your right to obtain a free copy of the consumer report from DAC and your right to dispute the accuracy or completeness of your report. Your con these companies to obtain the report from DAC is required. Although you have a right to withhold your consent, companies will not consider your application if you withhold your consent.

I have read and agree to the above release and I give permission to obtain consumer reports about me from DAC.

○ Yes   ○ No

Click and hold your left mouse button to sign at the X below.
Use the clear button to reset your signature and try again.

X _____

clear

Submit Application   Cancel

Secured
by
thawte
2011-07-27